



ZONING DIVISION

ZONING PERMIT

ZP# /

25 West Market Street, SW. PO Box 88, Leesburg, VA 20178
(703) 771-2765 * FAX (703) 771-2724

I, as owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for a zoning permit for the activity described below and as shown on the attached scale plans and specifications **(two sets)**, that the information provided is correct and that any construction/use will conform to the regulations of the Zoning Ordinance and other codes of the Town of Leesburg and the Commonwealth of Virginia as applicable. **This permit authorizes the Zoning Administrator or designee to perform reasonable site inspections as required to determine compliance with the conditions applicable to this permit.** Further, I understand that **any** deviation from the application as requested shall require the express written approval of the Zoning Administrator.

SIGNATURE: _____ DATE: _____

NAME AND TITLE (Please Print)_____

CONTACT NAME/ TELEPHONE NUMBER
PURPOSE OF THIS PERMIT: _____

TYPE OF CONSTRUCTION: *NEW / INITIAL * ADDITION*INTERIOR ALTERATION* DEMOLITION* OPEN DECK* OTHER
(circle one)

OCCUPANCY TYPE: RESIDENTIAL TYPE: _____

NON-RESIDENTIAL: _____

SQ. FT. OF PROPOSED CONSTRUCTION: _____ ESTIMATED VALUE: \$ _____

ZONING DISTRICT: _____ / _____ BAR CASE#: _____

TAXES PAID

DISTRICT MINIMUM SETBACKS		PROPOSED SETBACKS	
FRONT SETBACK	REAR SETBACK	FRONT SETBACK	REAR SETBACK
SIDE #1 SETBACK	SIDE #2 SETBACK	SIDE #1 SETBACK	SIDE #2 SETBACK
MAX.HEIGHT		MAX. HEIGHT	
DEVELOPMENT PLAN # (if applicable)			

PROPERTY INFORMATION

ADDRESS: _____

SUBDIVISION: _____ SECT#: _____ LOT#: _____ SQ.FT OF LOT: _____

MCPI#: _____ LCTM#: _____

Owner _____
name (please print) _____ telephone number (daytime) _____

_____ address _____ zip code _____

Contractor / _____
Applicant name (please print) _____ telephone number (daytime) _____
Town of Leesburg Business License # _____

_____ address _____ zip code _____

CONDITIONS OF APPROVAL: _____

DEPARTMENT USE ONLY

Zoning Permit Fee: \$ _____ Public Facilities Permit # : _____

Signature of Zoning Administrator or Designee _____ DATE _____